



May 21, 2020 at 3:00 pm

Location: Conducted virtually

Meeting Minutes:

Member Attendees: Dr. Andrew Baron, Kathy Brashear, Denise Chuckovich, Dr. Keith Davis, Dr. Ted Epperly, Lisa Hettinger, Randall Hudspeth, Rod Stiller for Yvonne Ketchum-Ward, Dr. David Pate, Susie Pouliot, Patt Richesin, Neva Santos, Cristina Thomas, Larry Tisdale, Dr. Karl Watts, Matt Wimmer

DHW Staff: Mary Sheridan, Matt Walker, Stephanie Sayegh, Ann Watkins, Elizabeth Heist

Guests: Janet Reis, Ethan Despain, Jennifer Wheeler, Liz Woodruff, Dr. Jon Schott, Jordan Button, Katie Falls, Linda Rowe, Norm Varin, Krista Stadler, Liz Hatter, Melissa McVaugh, Matt Wolff, Cynthia York, Dieuwke Dizney-Spencer, Robbie Roberts, Nancy Powell, Hilary Klarc, Dr. Alejandro Necochea. Scott Banken

Summary of Motions/Decisions:

Motion:

Lisa Hettinger moved to accept the minutes of the March 19, 2020 meeting of the Healthcare Transformation Council of Idaho as presented.
Second: Dr. Karl Watts

Outcome: Passed

Agenda Topics:

Welcome and Opening Remarks; Roll Call; Introductions; Review of Minutes; Action Items, and Agenda Review – Dr. Ted Epperly, HTCI Co-Chair

Dr. Epperly opened the meeting and expressed appreciation for council member flexibility in participating electronically and for continuing to make this work a priority.

Coronavirus/COVID-19 update – Dr. David Pate, HTCI Co-Chair

Dr. Pate recognized Director Jeppesen and the Division of Public Health and expressed his continued appreciation for Health and Welfare efforts during the pandemic. Idaho began Stage Two for reopening, in accordance of the guidelines set by Governor Little. Dr. Pate noted that we should use this time to prepare for an additional wave coming and not become complacent and risk potential

exposure. There are an estimated 5-15% of Americans infected with Coronavirus nationwide, which is far below where we need to be for herd immunity. In Idaho, we are far less than this statistic.

The antiviral drug Remdesivir seems to help in treating patients with Coronavirus. Dr. Pate cautioned that it is not a miracle drug, as there is no improvement in mortality. Idaho hospitals are involved in plasma studies. In the next few months we hope to see if this is an effective treatment. Other therapeutic trials are happening. We are hopeful but don't have any solutions in sight. There are promising results from early vaccine trials but we still have a long way to go. We are remaining optimistic that we will have a vaccine as early as next year in Idaho. We will need to discuss how to distribute this vaccine once it is developed.

In Idaho, we have created a Task Force to help solve our testing capability issues. The state has expanded and improved contact tracing abilities, including adopting technology solutions that have since been implemented. Additionally, there is a wealth of information on up-to-date happenings regarding the Coronavirus at coronavirus.idaho.gov.

Payer Provider Workgroup (PPW) update – *Norm Varin, PPW Co-Chair*

PPW had momentum going into March but delayed due to COVID-19. The group continues to make progress but will need more time to accomplish their objectives. PPW is identifying three areas to work on together as payers and providers by creating a survey and overlaying those results in order to find areas of commonality.

Engaging organizations to collect data has slowed down quite a bit. There is no indication they are hesitant to participate- everyone has a lot going on.

Rural & Frontier Healthcare Solutions Workgroup update – *Patt Richesin and Larry Tisdale, Co-Chairs*

Members will continue with this workgroup as they head back to some sort of normalcy. They agree this work will need to continue and met to discuss the expectations in the coming months. DHW staff will research potential grant opportunities to support the workgroup.

Mercer Financial Analysis project introduction – *Scott Banken, CPA, Principal*

Mercer has been working with Idaho since 2013. They worked with the Statewide Healthcare Innovation Plan (SHIP) multi-payer workgroup and now with PPW. As an independent organization, Mercer can provide subject matter expertise and secure payer data so that it cannot be traced back to any provider or organization. Mercer is working to provide the best results with the data they receive.

Mercer will provide a financial analysis model that includes collecting data, comparing data and current trends with projected trends to calculate cost avoidance, and calculate the return on investment for Idaho's transformation initiatives. This analysis will be provided to PPW, HTCI, and other stakeholders for tracking the progress of moving from fee-for-service to value-based payments in Idaho.

Mercer has established non-disclosure agreements and will evaluate 2018 and 2019 aggregate data to compare the percent of value-based payments to the 2017 report produced under SHIP. Mercer will also use the HCP-LAN framework. They noted an anticipated patient shift from

commercial plans to Medicaid due to expansion. This may impact the data since typically 25% of the population creates 75% of the cost.

St. Luke's Health Partners – *Matt Wolff, Vice President of Network Operations, Dr. Alejandro Necochea, Medical Director, and Dr. Jon Schott, Medical Director*

St. Luke's Health Partners is a financially and clinically integrated network focused on achieving optimal member health at the lowest total cost. They are accountable for 180,000 lives in 20 southwest and southcentral Idaho counties. The network includes approximately 3,300 providers and average a 4.5 star performance. They've achieved significant results with increased cancer screening rates, a reduction of inpatient admissions, and reduced readmissions.

The group highlighted the importance of care management and care coordination. They conduct patient assessments to better meet the needs of their patients. The assessment allows them to effectively coordinate needed services and address unmet needs, such as end of life challenges and coordination with hospice. The result has been high patient satisfaction. Provider accountability is an important element of the network's success.

Telehealth Task Force (TTF) update – *Krista Stadler, TTF Co-Chair and Ann Watkins, Bureau of Rural Health & Primary Care*

The Telehealth Task Force's goal is to deliver an action plan to advance telehealth in Idaho and the response to COVID-19 advances this work. There has been an increased interest from both payers and providers. The question has shifted from "What if we implement Telehealth?" to "How can we implement Telehealth?" Existing policy barriers have been temporarily relaxed because of COVID-19. TTF will continue having meaningful dialogue to bring the action plan together and on track to provide the final report to HTCI in October.

Broadband availability is one of the barriers identified. A representative from the Broadband Taskforce in the Idaho Department of Commerce is a TTF member.

Next steps and future actions for HTCI – *Dr. Ted Epperly, Dr. David Pate, and HTCI members*

Randy Hudspeth recommended that HTCI invite a speaker to address workforce concerns in a future meeting.

There are three vacant at-large HTCI member seats. These seats were reserved to allow for flexibility to meet the needs of the group. Members are asked to provide recommendations regarding the expertise needed to fill the at-large seats and round out the group.

Closing: *Dr. Ted Epperly*

Next Meeting: Thursday June 18, 2020

Meeting Adjourned: 04:48 p.m.



Healthcare Transformation Council of Idaho

Action Items

June 18, 2020 3:00PM

■ Action Item 1 – May HTCI Meeting Minutes

HTCI members will be asked to adopt the minutes from the May 21, 2020, HTCI meeting:

Motion: I, _____ move to accept the minutes of the May 21, 2020, meeting of the Healthcare Transformation Council of Idaho as presented.

Second: _____

HTCI
HEALTHCARE TRANSFORMATION
COUNCIL OF IDAHO



2020 Nursing Workforce

HTCI Update

***Randall Hudspeth, PhD, MBA, MS, APRN-CNP
Executive Director, Idaho Center for Nursing***

Objectives

- Discuss nursing workforce as an indicator of access to care, community care and culture of health issues
- Understand the current status of nursing workforce on faculty demand and projected population growth and relate it to other healthcare professions

Fast Workforce Facts for 2020

- Idaho fell from #1 in 2018 to #9 in 2020 as the fastest growing state for overall population (Ref. US Census.gov)
- 74% of Idaho RNs have a BSN degree, making ID #1 nationally for having a BSN workforce (Ref: BON education data report)
- Of 6 surrounding states, Utah #3, Washington #7, Nevada #8 are growing faster than Idaho (Ref: US Census.gov)
- Utah, Washington, Oregon, Nevada and California all project RN shortages >5,000 RNs by 2025 (ref: National Forum Nursing Workforce)
- Idaho consistently graduates 790-825 RNs yearly (Ref. Historical WF Report)
- 1/3 of new Idaho Nursing Graduates leave Idaho every year
- RN job demand in Idaho is consistently 650-725 annually

RN Fast Facts of Idaho

- 23,672 currently licensed RNs in Idaho.
- 5,328 licensed RNs do not live in Idaho.
- Washington, Oregon do not share a compact license with ID.
- Nevada, Utah, Wyoming, Montana share a compact license with ID.
- 2,643 APRNs also have a RN license, so must be removed from RN count.
- 10 Idaho schools graduate RN candidates.
- About 1,400 non-working RNs maintain a license.

APRN Facts for Idaho

1. 3 programs produce Nurse Practitioners (ISU, BSU, NNU)
2. ISU offers Doctorate Degree (3+ year), BSU & NNU offer Master's
3. 1,948 Nurse Practitioners licensed in Idaho, 1,652 in primary care
4. 2/3 of all primary care in Idaho is provided by a Nurse Practitioner
5. 1 CNS program at ISU, currently inactive
6. 39 Clinical Nurse Specialists with 22 in Mental Health
7. No CRNA program in Idaho
8. 562 CRNAs currently licensed in Idaho, 441 are residents of Idaho

Workforce Data Sources for Nursing

1. Current Nurse License Data Inventory from Idaho Board of Nursing
2. Hospital Chief Nurse Survey (100% response rate)
3. Idaho Healthcare Association for Assisted Living and Long-Term Care
4. HRSA Data
5. National Forum for Nursing Workforce
6. Idaho Nursing Education Program Report (100% response rate)

2019 RN per 1000 population Used to Calculate Need

	Active RN (not including APRN)	Population	RN need per 1,000
United States	3,520,104	326,691,284	10.86
Idaho	(with APRN) 16,916 (without APRN) 14,516	1,781,282	10.53 8.79

Source: Bureau of Labor Statistics
Idaho Dept. of Labor census count
Idaho BON license data base

year	Idaho population	RN total licenses living in Idaho including inactive/not-working	RN total available to work	RN age 55-65	RN age >65	New Grad	Nurse WF avail after retire* + new grad	Deficit from demand
*Retirement calculations using incremental decay methodology for actuarial science.								
2020	1,781,282	18,347	16,916	4821	240	880	17,796	551
2021	1,806,563	18,608	15,875	4018	2	1000	16,875	1,733
2022	1,831,843	18,868	15,072	3215	0	1400	16,475	2,393
2023	1,857,123	19,128	14,269	2412	0	1400	15,669	3,459
2024	1,882,403	19,389	13,466	1609	0	1400	14,866	4,523
2025	1,907,684	19,649	12,663	806	0	1400	14,063	5,586

Issues Impacting Healthcare Workforce in Idaho

1. COVID has negatively impacted revenues so university budgets are cut and nursing programs, as well as other health professions, have reduced enrollment for 2020-21.
2. Older nurses are retiring at a faster rate in 2020 due to COVID.
3. New graduates in all professions are not being hired because temporarily there is no demand in Idaho.
4. For-profit schools open in Idaho and do not import faculty so they hire faculty away from state schools at greater salaries.
5. Clinical placements are more restricted due to COVID for all health profession programs.

Workforce Summary

1. Ability to secure qualified faculty to maintain the 10 RN programs in Idaho is challenging with all schools reporting faculty vacancies.
2. Idaho graduate numbers do not offset the 2 major impacts of nursing retirements and increased demand for nurses due to population increase.
3. COVID may provide a temporary reprieve in Idaho RN shortage.
4. Assisted Living and Long-Term care facilities all report vacancies.
5. A big challenge will be the recruitment of Idaho healthcare workers by surrounding states that all report future shortages.

Questions

Thank You